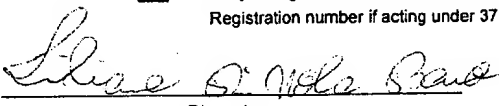


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</small>		Docket Number (Optional) <b>P-4739-US</b>
In re Application of: <b>MOUSATSOS, Ioannis et al.</b>		
Application Number: <b>09/148,234</b>	Examiner: <b>ILEANA POPA</b>	
Filed: <b>September 4, 1998</b>	Group Art Unit: <b>1633</b>	
For: <b>GENETICALLY ENGINEERED CELLS WHICH EXPRESS BONE MORPHOGENIC PROTEINS</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 <b>\$1110</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$_____
<input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	\$2350	\$1175 \$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>50-3355</b> . I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant / inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>56,073</b> . <input type="checkbox"/> Attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		
 Signature <b>Liliana Di Nola-Baron</b> Reg. No. <b>56,073</b> Typed or printed name	<b>26 January 2011</b> Date <b>(646) 878-0800</b> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 4.  
01/26/2011 INIEFSW 00009061 503355 09148234  
02 FC:1253 1110.00 CR

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 04/17/11 2 Serial/Patent # 09/148,234

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

Amendment

X Extension of Time

none

01/26/11

\$ 1,110.00

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

7 TOTAL AMOUNT  
OF REFUND

\$ 1,110.00

8 TO BE REFUNDED BY:

Treasury Check

X

Credit Deposit A/C #:

9

5 0 -- 3 3 5 5

10 REASON:

Overpayment

Duplicate Payment

X No Fee Due (Explanation):

Extension of time was submitted subsequent to the maximum extendable period for response.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Paul Shanowski

TITLE: Senior Attorney

SIGNATURE: /Paul Shanowski/

PHONE: 571-272-3225

OFFICE: Office of Petitions

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B